

UNCHED
EXIFIEDARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

0261

347

CERTIFICATE OF DEATH

REGISTRAR'S NO.

E OF DEATH
AND
RESIDENCECEDENT
PERSONAL
DATA1166
CAUSE
OF
DEATH
EM 18)ATIONS,
TOPSYDICAL
FICATIONDEATH
DUE TO
EXTERNAL
VIOLENCEONER'S
FICATIONNERAL
ECTOR
ND
STRAR

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

MARICOPA

B. LENGTH OF STAY

IN THIS TOWN

20yrs

IN ARIZONA

20yrs

2. USUAL RESIDENCE

(WHERE DECEASED LIVED.

IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. STATE

ARIZONA

B. COUNTY

MARICOPA

C. CITY

OR

TOWN

PHOENIX

☒ IN CITY LIMITS☐ OUTSIDE CITY LIMITS

C. CITY

OR

TOWN

PHOENIX

☒ IN CITY LIMITS☐ OUTSIDE CITY LIMITSD. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET
HOSPITAL OR ADDRESS OR LOCATION)
INSTITUTION

MEMORIAL HOSPITAL

D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM?
ADDRESS

1345 W. FILLMORE

YES ☐ NO ☒3. NAME OF
DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

4. SEX

5. COLOR OR RACE

6A. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (SPECIFY)

(TYPE OR PRINT) BEATRICE

KIRKLAND

DAULTON

FE

WHITE

DIVORCED

6B. NAME OF SPOUSE

7. DATE OF BIRTH

MONTH

DAY

YEAR

8. AGE (IN YEARS

LAST BIRTHDAY)

IF UNDER 1 YEAR

MONTHS

IF UNDER 24 HRS.

HOURS

MIN.

9A. USUAL OCCUPATION (GIVE KIND OF
WORK DURING MOST OF LIFE EVEN IF RETIRED)

PIANO TEACHER

9B. KIND OF BUSI-
NESS OR INDUSTRY10. BIRTHPLACE (STATE
OR FOREIGN COUNTRY)

ALABAMA

11. CITIZEN OF WHAT
COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES?
(YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

NO

NO

13. SOCIAL SECURITY
NO.

?

14A. FATHER'S NAME

UNKNOWN

14B. BIRTHPLACE

(STATE OR COUNTRY)

UNKNOWN

15A. MOTHER'S MAIDEN NAME

UNKNOWN

15B. BIRTHPLACE

(STATE OR COUNTRY)

UNKNOWN

16. INFORMANT'S SIGNATURE

ADDRESS

MRS. M.L. ROBERTSON PHOENIX, ARIZONA

17. DATE

OF

DEATH

(MONTH)

JANUARY

(DAY)

21

(YEAR)

1964

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER
LINE FOR (A), (B), (C).†THIS DOES NOT MEAN THE
MODE OF DYING, SUCH AS
HEART FAILURE, ASTHENIA,
ETC. IT MEANS THE DISEASE,
INJURY, OR COMPLICATION
WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH†ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE
CAUSE (A) STATING THE UN-
DERLYING CAUSE LAST.II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

(A) Burns, 2nd and 3rd, over 60% of body.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/21/64, 1964, THAT I LAST SAW THE DECEASED
ALIVE ON 1/21/64, AND THAT DEATH OCCURRED AT 8:45a M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE

(DEGREE OR TITLE) ASSISTANT

22B. ADDRESS

22C. DATE SIGNED

James W. Hunter M.D.

MARICOPA COUNTY
MEDICAL EXAMINER

Phoenix, Arizona

1/21/64

23A. ACCIDENT,
SUICIDE,
HOMICIDE,
NATURAL CAUSE

(SPECIFY)

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME,
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

Accidental

15th Ave & Fillmore

Phoenix Ariz

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)

23E. INJURY OCCURRED

23F. HOW DID INJURY OCCUR?

1 17 64 8:45a M

WHILE AT

NOT WHILE

Heater & Blocked

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

Alfred Flood Coroner

West Phoenix Ariz

1-22-64

25A. BURIAL ☐
CREMATION ☐ REMOVAL ☒

25B. DATE

25C. NAME OF CEMETERY OR CREMATORY

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

1-22-64

STONE POINT CEMETERY

FLORENCE, ALABAMA

26A. DATE REC.
BY LOCAL REG.

26B. REGISTRAR'S SIGNATURE

27A. FUNERAL DIRECTOR'S SIGNATURE

27B. ADDRESS

1/21/64

Bureau Johnston

A. L. Moore & Sons

PHOENIX, ARIZONA

28A. EMBALMER'S SIGNATURE

28B. EMBALMER'S
CERT. NO.

Richard L. Holey

35617

